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PTO/SB/31 (04-05)

Approved for use through 07/31/2006. OMB 06551-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Docket Number (Optional)
PSTM0038/MRK/STM

I hereby certify that this correspondence is being deposited with the
United States Postal Service with sufficient postage as first class mail
in an envelope addressed to "Mail Stop AF, Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450 [37 CFR 1.8(a)]
on September 4, 2007

Signature

Alexandra Allison

Typed or printed

name Alexandra Allison

In re Application of
David Allison Bennett, et al.

Application Number
09/684,866

Filed
10/6/2000

For Apparatus, Systems and Methods for Online, Multi-Carrier, Multi-
Service Parcel Shipping Management

Art Unit
3629

Examiner
Plucinski, Jamisue A.

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner, rejecting Claims 1-6,
28-33, 49-52 and 58.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ 500.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced
by half, and the resulting fee is:

\$ _____

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
I have enclosed a duplicate copy of this sheet.

☒ The Director is hereby authorized to charge any underpayment of fees which may be required, or credit any overpayment
to Deposit Account No. 501574. I have enclosed a duplicate copy of this sheet.

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**WARNING: Information on this form may become public. Credit card information should not
be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)

☒ attorney or agent of record.
Registration number 45,744

☐ attorney or agent acting under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34. _____

Marilyn R. Khorsandi
Signature

Marilyn R. Khorsandi
Typed or printed name

(626) 796-2856
Telephone number

August 20, 2007
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the
USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 15
minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual
case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief
Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES,
OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Alexandra Allison
Alexandra Allison

Applicant : David Allison Bennett, et al.
Application No. : 09/684,866
Filed : October 6, 2000
Title : Apparatus, Systems and Methods For Online, Multi-Carrier, Multi-Service Parcel Shipping Management
Grp./Div. : 3629
Examiner : Jamiesue A. Plucinski
Docket No. : PSTM0038/MRK/STM

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Mail Stop AF
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

140 S. Lake Ave., Suite 312
Pasadena, CA 91101
September 4, 2007

Commissioner:

Attached are the following:

1. Fee Transmittal (in duplicate);
2. Check Number 2372 for the amount of \$500 to cover the Notice of Appeal filing fee;
3. Notice of Appeal (in duplicate); and
4. Return Post Card

Enclosed is a Notice of Appeal from the final rejection of Claims 12, 27, 29-31, 33-36, 42, 44, 45, 49 and 50 in the Office Action dated June 4, 2007. The Office Action set a period for reply of three (3) months, namely, by September 4, 2007. It is respectfully submitted that the enclosed Notice of Appeal is timely filed because it is filed before the expiration of the three-month period designated in the Office Action for response, namely, before the expiration of September 4, 2007.

Even so, the Commissioner is hereby authorized, pursuant to 37 CFR 1.136(a)(3), to treat any concurrent or future reply or correspondence for the above-

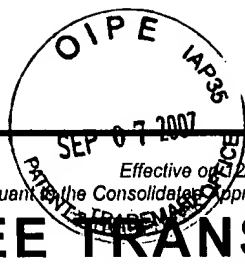
identified application, requiring a petition for an extension of time for its timely submission, as incorporating a petition for an extension of time for the appropriate length of time. The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17, including any required extension fees, which may be required during the pendency of this application to Deposit Account No. 501574 and to treat this authorization as a constructive petition for an extension of time in any concurrent or future reply or correspondence for this application requiring a petition for an extension of time for its timely submission. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

COPY

Respectfully submitted,
KHORSANDI PATENT LAW GROUP, ALC

By Marilyn R. Khorsandi 9/4/2007
Marilyn R. Khorsandi
Reg. No. 45,744
Customer No. 29524
626/796-2856

MRK/aa
Enclosures



Effective on 9/8/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2007

Complete if Known

Application Number	09/684,866
Filing Date	October 6, 2000
First Named Inventor	David Allison Bennett, et al.
Examiner Name	Jamisia A. Plucinski
Art Unit	3629
Attorney Docket No.	PSTM0038/MRK/STM

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 500.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 501574 Deposit Account Name: Khorsandi Patent Law Group, ALC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

COPY

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small or Large Entity	Small or Large Entity	Small or Large Entity	Small or Large Entity	Small or Large Entity	Small or Large Entity	
Utility	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Design	300	150	500	250	200	100	\$.00
Plant	200	100	100	50	130	65	
Reissue	200	100	300	150	160	80	
Provisional	300	150	500	250	600	300	
	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
- or HP = x \$.00 = \$ 00.00 **Fee (\$)** **Fee Paid (\$)**
HP = highest number of total claims paid for, if greater than 20 \$ 0.00

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
- or HP = x \$.00 = \$ 0.00
HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
- 100 = 0 / 50 = 0 (round up to a whole number) x \$250.00 = \$ 0.00

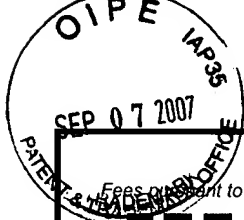
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Notice of Appeal 500.00

SUBMITTED BY

Signature	<i>Marilyn R. Khorsandi</i>	Registration No. 45744 (Attorney/Agent)	Telephone (626) 796-2856
Name (Print/Type)	Marilyn R. Khorsandi		Date Sept. 4, 2007



Effective on 12/8/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2007

Complete if Known

Application Number	09/684,866
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Examiner Name	Jamisia A. Plucinski
Art Unit	3629
Attorney Docket No.	PSTM0038/MRK/STM

☐ Applicant Claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 500.00)**METHOD OF PAYMENT** (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 501574 Deposit Account Name: Khorsandi Patent Law Group, ALC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small or Large Entity		Small or Large Entity		Small or Large Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	\$.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

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Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- or HP =	x	\$.00	=	\$ 00.00		

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
- or HP =	x	\$.00	=	\$ 0.00

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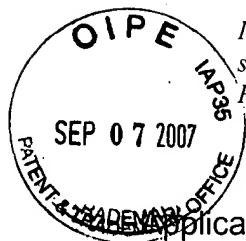
Other: Notice of Appeal

500.00

SUBMITTED BY

Signature	<i>Marilyn R. Khorsandi</i>	Registration No. 45744 (Attorney/Agent)	Telephone (626) 796-2856
Name (Print/Type)	Marilyn R. Khorsandi	Date	Sept. 4, 2007

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By

 9/4/2007

Marilyn R. Khorsandi

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